

|                                           |                                |                            |                        |
|-------------------------------------------|--------------------------------|----------------------------|------------------------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>       |                                |                            | Docket No.<br>DAT-0001 |
| Application No.<br>09/649,120-Conf. #7048 | Filing Date<br>August 28, 2000 | Examiner<br>K. D. Shingles | Art Unit<br>2141       |

Applicant(s): Thierry Laurent et al.

Invention: APPARATUS AND METHOD FOR USING STORAGE DOMAINS FOR CONTROLLING DATA IN STORAGE AREA NETWORKS

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

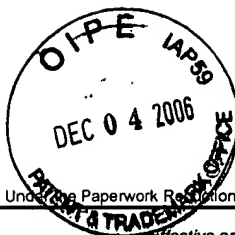
| CLAIMS AS AMENDED                                                        |                                  |                                |                             |      |        |
|--------------------------------------------------------------------------|----------------------------------|--------------------------------|-----------------------------|------|--------|
|                                                                          | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |        |
| Total Claims                                                             | 31                               | - 39 =                         |                             | x    |        |
| Independent Claims                                                       | 4                                | - 4 =                          |                             | x    |        |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> |                                  |                                |                             |      |        |
| Other fee (please specify): Extension for response within third month    |                                  |                                |                             |      | 510.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:                                 |                                  |                                |                             |      | 510.00 |

- ☐ Large Entity ☒ Small Entity
- ☐ No additional fee is required for this amendment.
- ☒ Please charge Deposit Account No. 18-0013 in the amount of \$ 510.00.  
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 18-0013 as described below. A duplicate copy of this sheet is enclosed.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dated: December 4, 2006

Christopher M. Tobin  
Attorney/Agent Reg. No.: 40,290

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PTO/SB/17 (07-06)  
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|                                                                                                                                        |  |                          |                        |                     |          |
|----------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|------------------------|---------------------|----------|
| <b>FEE TRANSMITTAL</b><br>For FY 2006<br><br><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | <b>Complete if Known</b> |                        |                     |          |
|                                                                                                                                        |  | Application Number       | 09/649,120-Conf. #7048 |                     |          |
|                                                                                                                                        |  | Filing Date              | August 28, 2000        |                     |          |
|                                                                                                                                        |  | First Named Inventor     | Thierry Laurent        |                     |          |
|                                                                                                                                        |  | Examiner Name            | K. D. Shingles         |                     |          |
| TOTAL AMOUNT OF PAYMENT                                                                                                                |  | (\$)                     | 510.00                 | Art Unit            | 2141     |
|                                                                                                                                        |  |                          |                        | Attorney Docket No. | DAT-0001 |

|                                                                                                             |                                                                                   |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>METHOD OF PAYMENT</b> (check all that apply)                                                             |                                                                                   |
| <input type="checkbox"/> Check                                                                              | <input type="checkbox"/> Credit Card                                              |
| <input type="checkbox"/> Money Order                                                                        | <input type="checkbox"/> None                                                     |
| <input type="checkbox"/> Other (please identify): _____                                                     |                                                                                   |
| <input checked="" type="checkbox"/> Deposit Account                                                         | Deposit Account Number: 18-0013                                                   |
| Deposit Account Name: Rader, Fishman & Grauer PLLC                                                          |                                                                                   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)      |                                                                                   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below                                           | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|                                                                                                                                                                                                                                                                                                                   |                     |                                                         |                    |                      |                                  |                       |                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------|--------------------|----------------------|----------------------------------|-----------------------|------------------------------|
| <b>FEE CALCULATION</b>                                                                                                                                                                                                                                                                                            |                     |                                                         |                    |                      |                                  |                       |                              |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>                                                                                                                                                                                                                                                              |                     |                                                         |                    |                      |                                  |                       |                              |
|                                                                                                                                                                                                                                                                                                                   | <b>FILING FEES</b>  |                                                         | <b>SEARCH FEES</b> |                      | <b>EXAMINATION FEES</b>          |                       |                              |
|                                                                                                                                                                                                                                                                                                                   |                     | <u>Small Entity</u>                                     |                    | <u>Small Entity</u>  |                                  | <u>Small Entity</u>   |                              |
| <b>Application Type</b>                                                                                                                                                                                                                                                                                           | <b>Fee (\$)</b>     | <b>Fee (\$)</b>                                         | <b>Fee (\$)</b>    | <b>Fee (\$)</b>      | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>       | <b>Fees Paid (\$)</b>        |
| Utility                                                                                                                                                                                                                                                                                                           | 300                 | 150                                                     | 500                | 250                  | 200                              | 100                   |                              |
| Design                                                                                                                                                                                                                                                                                                            | 200                 | 100                                                     | 100                | 50                   | 130                              | 65                    |                              |
| Plant                                                                                                                                                                                                                                                                                                             | 200                 | 100                                                     | 300                | 150                  | 160                              | 80                    |                              |
| Reissue                                                                                                                                                                                                                                                                                                           | 300                 | 150                                                     | 500                | 250                  | 600                              | 300                   |                              |
| Provisional                                                                                                                                                                                                                                                                                                       | 200                 | 100                                                     | 0                  | 0                    | 0                                | 0                     |                              |
| <b>2. EXCESS CLAIM FEES</b>                                                                                                                                                                                                                                                                                       |                     |                                                         |                    |                      |                                  |                       |                              |
|                                                                                                                                                                                                                                                                                                                   |                     |                                                         |                    |                      |                                  | <b>Fee (\$)</b>       | <b>Small Entity Fee (\$)</b> |
| <b>Fee Description</b>                                                                                                                                                                                                                                                                                            |                     |                                                         |                    |                      |                                  |                       |                              |
| Each claim over 20 (including Reissues)                                                                                                                                                                                                                                                                           |                     |                                                         |                    |                      |                                  | 50                    | 25                           |
| Each independent claim over 3 (including Reissues)                                                                                                                                                                                                                                                                |                     |                                                         |                    |                      |                                  | 200                   | 100                          |
| Multiple dependent claims                                                                                                                                                                                                                                                                                         |                     |                                                         |                    |                      |                                  | 360                   | 180                          |
| <b>Total Claims</b>                                                                                                                                                                                                                                                                                               |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                       |                              |
| 31 - 39 =                                                                                                                                                                                                                                                                                                         |                     | x                                                       | =                  |                      | <b>Fee (\$)</b>                  |                       | <b>Fee Paid (\$)</b>         |
| HP = highest number of total claims paid for, if greater than 20.                                                                                                                                                                                                                                                 |                     |                                                         |                    |                      |                                  |                       |                              |
| <b>Indep. Claims</b>                                                                                                                                                                                                                                                                                              |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> |                                  |                       |                              |
| 4 - 4 =                                                                                                                                                                                                                                                                                                           |                     | x                                                       | =                  |                      |                                  |                       |                              |
| HP = highest number of independent claims paid for, if greater than 3.                                                                                                                                                                                                                                            |                     |                                                         |                    |                      |                                  |                       |                              |
| <b>3. APPLICATION SIZE FEE</b>                                                                                                                                                                                                                                                                                    |                     |                                                         |                    |                      |                                  |                       |                              |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |                                                         |                    |                      |                                  |                       |                              |
| <b>Total Sheets</b>                                                                                                                                                                                                                                                                                               | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                    | <b>Fee (\$)</b>      | <b>Fee Paid (\$)</b>             |                       |                              |
| - 100 =                                                                                                                                                                                                                                                                                                           | /50                 | (round up to a whole number) x                          |                    | =                    |                                  |                       |                              |
| <b>4. OTHER FEE(S)</b>                                                                                                                                                                                                                                                                                            |                     |                                                         |                    |                      |                                  |                       |                              |
| Non-English Specification, \$130 fee (no small entity discount)                                                                                                                                                                                                                                                   |                     |                                                         |                    |                      |                                  | <b>Fees Paid (\$)</b> |                              |
| Other (e.g., late filing surcharge): 2253 Extension for response within third month                                                                                                                                                                                                                               |                     |                                                         |                    |                      |                                  | 510.00                |                              |

|                     |                      |                                   |                  |
|---------------------|----------------------|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |                      |                                   |                  |
| Signature           |                      | Registration No. (Attorney/Agent) | 40,290           |
| Name (Print/Type)   | Christopher M. Tobin | Telephone                         | (202) 955-3750   |
|                     |                      | Date                              | December 4, 2006 |